

SAMPLE

Consumer Affairs Division Market Conduct Examinations Section

DEPARTMENT OF INSURANCE

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Director Of Insurance

(Company Contact)
(Company Name)
(Address)
(Address)

INSPECTION STATUS REPORT

Examinee:	ABC Insurance Company, NAIC # 12345
Date of Inspection:	
Inspector/Examiner:	

Pursuant to A.R.S. §41-1009(H), at least once every month after the commencement of the inspection referenced above, the Arizona Department of Insurance shall provide you with an update on the status on any Department action resulting from the inspection. Please be advised that the analysis of the information obtained during the inspection is ongoing. Consequently, the inspection is ongoing. As of the date of this report, no action resulting from the inspection has been taken.